MVR-37 (Rev. 2/08)

NORTH CAROLINA DIVISION OF MOTOR VEHICLES 3148 Mail Service Center Raleigh, NC 27699-3148

Do not write in this space

APPLICATION FOR HANDICAPPED DRIVERS REGISTRATION PLATE

VEHICLE SECTION						
YEAR	MAKE	BODY STYLE	SERIES MODEL	VEHICLE IDENTIFICATION N	UMBER	
		I				
			OWNER SECTI	ON		
Owner	1 ID #		Full Legal Name of C	Owner 1 (First, Middle, Last, Suffix)	or Company Name	
			• • •	, , , , , , , , , , , , , , , , , , , ,		
Residence A	ddress (Individual) B	Business Address (Firm)				
City and Stat	е					
Mail Address	(If different from ab	ove)				
l certify for t	he motor vehicle des	scribed above that I have fin	ancial responsibility as re	quired by law.		
				Dallar North		
	Insurance co	mpany authorized in NC		Policy Number	er	
(This a	upplication must be	signed by your physician)		Year	1	
G.S. 20- as determine from, a branch extent that rial oxygene son's funct Is severely glasses is s	37.5 Handicapped ned by a licensed pec, cane, crutch, and the person's forced tension is less thar ional limitations are limited in their abil to defective as to pre	definitions and parking hysician; (a) Cannot walk byther person, prosthetic de (respiratory vc a 60 mm/hg on room air at a classified in severity as City to walk due to an arthr	privileges. (1) "Handica 200 feet without stoppin vice, wheelchair, or othe blume of one second, what rest; (d) Uses portable c lass III or Class IV accor itic, neurological, or orth rdinary activity for whice	pped" shall mean a person with ng to rest; (b) Cannot walk with er assistive device; (c) Is restricted en measured by spirometry, is le exygen; (e) Has a cardiac condition ding to standards set by the Am appedic condition; or (g) Is totally the eyesight is essential, as certified	out the use of, or assistance d by lung disease to such an ess than one liter, or the arte- on to the extent that the per- perican Heart Association; (f) by blind or whose vision with	
length of ti ing of all v	me parking is perm ehicles is prohibited	itted. This provision has no	o application to those zor r special types of vehicle	o park for unlimited periods in p nes or during times in which the es. As a condition to this privileg	stopping, parking, or stand-	
	apply for a handica he issuance thereof		plate under the above sta	tutory provisions and certify tha	t my physical condition enti-	
			(Applicant	's Signature)	(Date)	
	certify that the phyrovision G S. 20-37.		ve named applicant cons	stitutes the applicant a handicap	ped driver as defined under	
(Physicia	n's Signature)		(Physician'	s Printed Name)	(Date)	
(Physician's Address)				(Physician's Telephone Number)		
(These plates are issued from Raleigh Office only)				FEE: REGULAR REGISTRATION PLATE FEE		